

252244

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS

TYPE: ☒ IXC☒ CLEC☐ ILEC☐ Wireless

201412A

CERTIFICATED COMPANY INFORMATION

Company Name

X0 Communications Services, LLC

Dba/fka

Telephone #

Mailing Address

13865 Sunrise Valley Drive

City, State, Zip Code

Herndon, VA 20171

Business Location

Herndon, VA 20171

City, State, Zip Code

Fairfax
County

REGISTERED AGENT INFORMATION

Registered Agent:

Corporation Services Company

Mailing Address:

5000 Thurmond Mall Blvd
Columbia, SC 29201

City, State, Zip Code

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

A. General Manager (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

B. Customer Relations/Complaints Representative (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

Teresa Miller

C1. Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above)

214-261-7736 / 214-237-5862 / regulatory.grievances@x0.com

Telephone Number / Facsimile Number / E-mail Address

C2. Customer Contact (Toll Free Number)

D. Engineering Operations (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

E. Test and Repair (Include Address if different than above)

Telephone Number / Facsimile Number / E-mail Address

F. Emergencies (During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Kelly Paul
Regulatory Officer (Include Address if different than above)
703-547-2536 / 703-547-3445 Kelly.faul@xo.com
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings (Name)**
(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings (Name)**
13865 Sunrise Valley Drive Herndon, VA 20171
(Mailing Address)
703-547-2104 /
Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings (Name)**
SAME
(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings (Name)**
SAME
(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

L. **Lifeline Mailings (Name)**
SAME
(Mailing Address)

Telephone Number / Facsimile Number / E-mail Address

SHARON ADAMS / S Adams
This form was completed by / **Signature**
Senior Regulatory Analyst / 8/26/14
Title / **Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Attn: Clerk's Office
Post Office Drawer 11649
Columbia, South Carolina 29211
And
Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201